

Spring

First Day of Spring -21 March

Happy
St. Patrick's
Day



TRICARE Northwest

Volume 6, Issue 3

March 1, 2000

Naval Hospital Bremerton Leads The Way!!!

NHB Selected as "Model" MTF for MHS

Judith A. Robertson, PAO

Combining compassion, professionalism and smart business practices paid off for Naval Hospital Bremerton. Their "model" has been selected for study by a Washington D. C. joint services team as an example of how all other Department of Defense Military Treatment Facilities throughout the world should be run.

The Military Health System's "Reengineering Coordination Team" arrived at the Naval Hospital on January 11th. The RCT group, from the TRICARE Management Activity in D.C., toured the facility, listened to those on the front-line of providing military healthcare in both the 'readiness' and 'benefit mission' arenas, and heard a briefing on the "Bremerton Model." The RCT came

armed with their Military Health System Optimization Plan. The 29 page document states that full implementation of the plan will result in military medicine that "will be the benchmark health service delivery system in peace and war and the health services delivery option of choice for our beneficiaries." The plan is being designed to be a guide for the reengineering of military medicine, but when the group saw the Bremerton Model, they realized much of what they were conceptualizing was already well under way at Naval Hospital Bremerton.

Over two years ago, under the guidance of hospital Commanding Officer Capt. Gregg Parker, Naval Hospital Bremerton began a hard

(Continued on page 2)

Naval Hospital Wins DoD Customer Satisfaction Award

Judith Robertson, PAO

Naval Hospital Bremerton is the recipient of an award that "reflects the voice of its' beneficiaries," said hospital Commanding Officer Capt. Gregg Parker, referring to the Department of Defense Military Treatment Facility Customer Satisfaction Award for continental United States-based community-sized military hospitals.

Creating a happy marriage of good customer relations and a solid bottom line is the goal of any successful business including government run facilities. Less than a month ago Naval Hospital Bremerton was chosen as the business model to be emulated by all Dept. of Defense Military Treatment Facilities, but this award indicates the union is a

sound one, Parker said.

"I believe this is a reflection of the strong emphasis we put on customer relations. It's our vision to be known as the preferred source for timely, respectful, and compassionate care with the best possible outcomes, and this award says we are attaining that goal. It recognizes the wonderful work of the staff in the past year, but we also realize that customer satisfaction is a continuing process. It is the basis of every face to face encounter, every phone call, every clinic visit and every procedure performed in this hospital," he said.

The award for "Recognition of the high level of satisfaction provided your patients during fiscal year

(Continued on page 2)

NHB Selected as "Model" MTF for MHS Cont'd

(Continued from page 1)

push to align their Vision with better business practices. The Vision states that Naval Hospital Bremerton will be the "preferred source for timely, respectful, and compassionate care with the best possible outcomes." The business practices include boosting enrollment, enhancing access to care, and improving customer satisfaction while implementing cost avoidance measures.

If imitation is the greatest form of flattery, then Naval Hospital Bremerton has received an immense compliment. When they spoke, D.C. listened.

During a briefing in Ross Auditorium, Capt. Mitch Heroman, MC, USN, Chief of Staff, TMA, spoke to a standing-room only crowd of healthcare providers and support personnel. He opened his talk with a humorous reference to a very real concern of the Naval Hospital staff. "We're from the government and we're here to help," Heroman said, then quickly made the group's real intentions clear.

"We are not here to 'fix' Bremerton," Heroman said. "You are the last place in the universe that needs fixing."

Referring to the MHS Optimization Plan the team arrived with, Heroman said, "This is a conceptual plan. We are incredibly impressed

with your Strategic Plan, and how you are implementing that plan. We have seen your model and we are impressed. We are here to ask your assistance in developing a plan to reengineer military medicine."

Along with Heroman, the RCT was made up of Capt. (RADM sel) Don Arthur, MC, USN, Chief of the Medical Corps and Assistant, Chief for Healthcare Operations at the Navy's Bureau of Medicine and Surgery; Col. Ray Burton, MS, USA, Office of the Army Surgeon General; Col. Dan Blum, MS, USA, Principal Director, Health Budgets and Financial Policy, Office of the Assistant Secretary of Defense for Health Affairs and included two members of First Consulting Group, from Lexington, Mass, Dave R. Beaulieu and Barbara Hohen.

First Consulting Group has been chosen to develop implementation strategies and processes for the Military Health Systems Optimization Plan. To that end, Beaulieu and Hohen will soon be physically located at Naval Hospital Bremerton, working with the staff in melding the Bremerton Model with MHS Optimization Plan.

The Program Objective Memorandum, outlining the entire plan, is due for submission to the Dept. of Defense in April.

Naval Hospital wins DoD Customer Satisfaction Award Cont'd

(Continued from page 1)

1999," was presented to the hospital's Executive Officer, Capt. Dan Snyder, at the annual DoD TRICARE Conference, Jan. 31, in Washington, D.C.

Criteria for the award is based upon data collected from the TRICARE Management Activity's monthly Customer Satisfaction Surveys for the past year.

"The TMA has been routinely sampling healthcare consumers for approximately two years," said Chris Bates, Command Patient Contact Representative at Naval Hospital Bremerton. "They do a statistically significant sampling to all outpatient visitors each month."

The surveys ask patients to assess their clinical visits. Access to care questions ask about the ease of making an appointment, how long it took to have a call returned, how long was the wait in the office? Other questions ask the patient to judge the overall quality of care, such as the thoroughness of treatment, and were procedures and tests explained? Interpersonal relationships are also explored, asking patients to judge how they would rate the care givers personal interest in them, the amount of time allowed with the doctor and the staff, and the friendliness and courtesy of the staff, among others.

The award was established to recognize "superior customer-friendly performance by the men and women operating our Military Treatment Facilities," according to a memo to the Surgeons General of the Navy, Army and Air Force from H. James T. Sears, M.D., Executive Director, TMA, Office of the Assistant Secretary of Defense for Health Affairs.

New Mamc System Should Reduce Patient No-Shows

Sharon Ayala, MAMC PAO



Madigan Army Medical Center has implemented a new system that calls patients to remind them of upcoming appointments. This new initiative is an attempt to improve access to care throughout Madigan by reducing the number of patients missing appointments. Additionally, this system is designed to provide patients an opportunity to cancel their appointment if no longer needed. Approximately 8 to 10 percent of the appointments offered to Madigan beneficiaries go unused due to patient cancellation at the last minute or not showing up for the appointment with no notice. As a result, between 6,000-6,500 appointments per month throughout Madigan could be offered to other patients and reduce the time it takes to get into a clinic to see a doctor. Madigan has chosen to purchase an automated patient appointment reminder system verses using medical receptionists to call patients.

The Appointment Reminder System (ARS) has been implemented in other Department of Defense medical treatment facilities in the United States. This system has reduced the no-show rate by 50 percent.

HOW DOES IT WORK?

Patients will receive a call from the automated calling system two days prior to the appointment. The automated system will remind the patient of their appointment. The Solvetech ARS is the only system that provides a security feature in which the system will ask the patient to verify that they are the patient by entering the last four digits of their sponsor's social security number. Additionally, the system will only remind the patient of the time of the appointment and will not mention the clinic. These two features provide some privacy for the patient. The ARS allows the

patient to cancel their appointment if they have a scheduling conflict or no longer need the appointment. Madigan will cancel the appointment and make it available for another patient seeking care in that clinic. The ARS begins calling at 4:30 p.m. and stops at 8:30 p.m.

The system will call between 2,000 and 3,000 patients each evening. If the patient is not home, the system will call back up to three times or until the patient is reached. The system can identify busy signals, answering machines, voice mail, and no answers. Patients will receive appointment reminders on Saturday and Sunday for appointments on Monday and Tuesday.

Patients who experience technical difficulties should report the problems to the clinic receptionist in the clinic where the appointment is scheduled.

For more information, call MAJ Rumph at 968-1195.

ANDRO; DHEA – Not All Their Cracked Up To Be

COL Allen Almquist, Chief, Pharmacy Department, MAMC



Alternative medicine, including the use of herbal remedies, has become quite popular among Americans. Estimates are that a third of the population now consumes some form of herbal supplement. While the vast majority of these supplements are basically safe, as with anything, both good

and bad can result from their consumption. This article's focus is on the potential for adverse effects and drug interactions. Soldiers and their families, as well as Commanders and First Sergeants, must be informed to use these products safely and/or monitor their effects. Always keep your

physician or pharmacist informed about any herbal products you may be taking.

ANDROSTENEDIONE, also known as Andro, became a household word last year when Mark McGwire was reported to have been taking the supplement.

(Continued on page 4)



Making A World Of Difference

Sharon Ayala, MAMC PAO

Physicians and nurses from Egypt, Korea, Greece and Djibouti are attending observer training at Madigan in surgery, pathology, emergency medicine, radiology and anesthesia.

Sponsors are needed to include these visitors in favorite Northwest family and social past times such as eating BBQ salmon, hopping a ferry, doing the Puyallup, spending rainy afternoons at outlet malls, cheering on local sports teams and sipping a latte'.

Knowledge of a foreign language and housing are not required since visitors speak English and reside at Madigan's visitor's quarters.

For an experience that is both educational and entertaining, call the International Military Student office at 968-3250.



ANDRO; DHEA – Not All Their Cracked Up To Be Cont'd

(Continued from page 3)

Andro is a hormone found primarily in animal adrenal glands, ovaries, testicles, and other organs and is commercially made from cholesterol or phytosterols.

Dehydroepiandrosterone (DHEA) is another hormone which the body converts to androstenedione, which, in turn, is then converted to testosterone and estrogen. DHEA, available in supplements is reportedly made from diosgenin which is found in wild yams. Products which claim to be "natural DHEA" indicate that the supplement actually contains diosgenin instead of DHEA, but there is doubt that the human body can convert diosgenin to DHEA as is claimed by the manufacturers.

Unfortunately, in the case of androstenedione, no proof of safety is required for it to stay on the market. There is no way to ensure purity and efficacy as is done by the FDA with respect to medications. The FDA has commented that some products may even contain none of the active ingredient.

Andro in any form is touted by health food stores as THE supplement to take for increased energy, enhanced recovery, mental alertness, muscle growth, and a greater sense of well being. Sounds too good to be true and perhaps Madigan Pharmacy should consider carrying it. Not!

The American Medical Association reported on a study of 30 young men who used androstene-

dione. After eight weeks of taking the supplement, there was absolutely no difference in muscle strength in the men. Levels of good cholesterol (HDL) dropped, though. That's not good. And their levels of the female hormone, estrogen, went UP!

Most major league sports, as well as the U. S. Olympic Committee and the NCAA have banned andro. The Food and Drug Administration has also settled with the makers of andro, and they will have to include a message in their products that states the side effects associated with the use of andro such as increased facial hair and more. Maybe Madigan Pharmacy won't be dispensing any andro after all.

In many cases the use of herbal (or "natural") supplements and their benefit is questionable. Your pharmacist recommends prudent use of those containing andro. If you want bigger muscles, consider working out at the gym. But avoid products like DHEA, Adro-9, Androsten Tribulus, Androstenediol, norandrostenedione, or Andro-whatever. I'm sure there are better things to do with the \$50 to \$60 per month spent on these supplements. Your body will thank you for it, too.

Above all, talk to your pharmacist or health care provider prior to taking any herbal product. Ask questions. Be informed.

Don't assume all herbals are safe for you.

